Facility Comprehensive Plan to the Inspector General Report # 137-07
Progress Update February 2009

Facility: Eastern State Hospital **Prepared by:** John M. Favret, Facility Director

Goal: (1) **Increase Resident Involvement in Recovery Initiatives and Treatment**

Plan: Include resident participation on hospital committees, improve satisfaction surveys, increase the ability of residents to make choices, and improve collaborative relationships in the hospital and community

Objectives	Responsible Person	Process/ Measures	Timeline	Progress Update
1. Assist residents in forming a resident advocacy committee run for and by residents. Encourage resident attendance at 75% of committees related to resident care and Recovery. The residents will define the function/role of this committee and will request staff assistance as needed.	John Favret, Lane Tolj (Wellness Coordinator), Deborah Mazzarella, Psy.D. (Psychology Director) & Leadership Team	Committee created Create committee charter to facilitate resident-directed activities 5% increase in resident attendance at hospital committees 15% increase in attendance	November 2007 **COMPLETE** January 2008 **COMPLETE** February 2008 **COMPLETE** October 2008 **ONGOING**	The Patient Response Board (PRB) was created in November 2007. Ongoing. The PRB identified their mission and created a monthly resident newsletter, "The Pioneer Press" in order to reach a broader scope of residents. The first edition was published in December 2007. There have been 43 different contributors to the Pioneer Press. The PRB is represented at the following regional meetings: Region V Consumer Advocacy Group, and the Statewide Recovery Treatment Planning Subcommittee. The PRB attends monthly community meetings in each building in order to share and receive ideas from the greatest number of residents. There are residents on the following committees: Nutrition Initiative Committee, the Green Committee, Focus on Recovery, Program Development, the Hospital Welfare Fund, the Local Human Rights Committee, and Food Tasting Panel.
2. Increase the choices (i.e. dining hours, programming hours, meal preferences, etc.) available to residents via modifying treatment planning forms, satisfaction survey and formation of	John Favret & Leadership Team	Increase resident perception of choice by 50% via resident satisfaction survey responses	Survey data to be reviewed July 2008 and annually thereafter **ONGOING**	The PRB has a list of contributions and recommendations they have already made toward increasing residents' choices. Please see a copy of their minutes for details. Participation on the various committees mentioned above gives the residents more ability to voice their preferences. For example, the PRB wanted, and therefore created, a Book Club. The residents also requested and have subsequently been invited to attend afternoon fitness classes with staff.

PRB.				The Director of Food Services has established quarterly resident food tasting panels to obtain their preferences in the foods chosen for ESH. The PRB is in the process of creating a video to train staff in Recovery Principles, made entirely by the residents. They hope to finish this video by April 2009. The PRB requested more opportunities for meaningful employment. As a result, many new AEP/TWA positions were created; a certified peer support specialist position and one for a resident certified in HVAC. The PRB has suggested other areas where they could learn new skills or use the skills they currently have give them more marketable skills upon discharge. ESH invited to meet with DRS & Colonial CSB on 01/22/09 to share impact of budget cuts on vocational services and explore ideas of how to work together for maximum benefit of limited resources. Additional opportunities are currently being established under the TWA (Temporary Work Assignment) for the Storeroom/Recycling Pickup, Grounds Maintenance, secretarial assistance, mailroom, and Geri-Chair and Wheelchair cleaning. The residents have been very interested in increasing programming on evenings, weekends and holidays. In January, the PRB provided Leadership Team with a proposal for the CPSS residents to provide those activities to those who are not able to leave their wards during "off" programming hours. During the 4-day holiday weekend, the residents ran 4 in-building groups for their peers. Psychology staff is conducting evening programming in Building 24 and Building 26 during the weeknights.
3. Increase availability of resident satisfaction surveys on each ward and create resident suggestion boxes for improved means of expressing ideas/choices.	James Bland (Social Svcs Director), Dick Roberts (Resident Relations Liaison), Martin Kline (Asst. Director)	Environment of Care Committee monthly rounds will monitor availability of forms and suggestion boxes/mechanisms Leadership Team will address	December 2007 & monthly thereafter **ONGOING**	The Satisfaction Questionnaire is available on all resident units and visiting areas for both residents and families to participate in. SW staff also directly hand a survey to each resident at their annual anniversary treatment team and are responsible for retrieving completed surveys from their clients. The survey is available on the ESH Web site. Mr. Roberts continues to collect the data obtained from the questionnaires and will report results to the Leadership Team every six months.

		suggestions and review surveys monthly.		The Pioneer Press and the PRB mailboxes are in each building lobby and in the library. Each month the PRB is handing out and collecting their satisfaction survey during their community meetings. Items brought to the attention of the PRB are placed on the agenda. The items that have not been addressed remain on the agenda and are brought to the attention of the program clinical leadership and the Hospital Director.
4. Improve the trusting, supportive relationship between residents and staff.	Dick Roberts & Hospital Clinical Leadership	75% of residents can identify at least one staff member who they can trust/count on as indicated on satisfaction survey.	Survey data to be reviewed July 2008 and annually thereafter **ONGOING**	Based on review of initial data on 1/29/08 84% of survey respondents identified at least 1 individual who has been helpful to them in their treatment. July 2009 will constitute and annual accumulation of data. As of July 2008 survey, 80% could identify supportive staff.

Goal: (2) **To Initiate Peer Workforce Development and Enhance Helping Relationships**

Plan: a) Increase the number of volunteer and paid positions to include: residents as group escorts, WRAP facilitators, peer mediators, and peer support specialists and b) increase support systems of residents both in the hospital and in the community

Objectives	Responsible Person	Process/Measures	Timeline	Progress Update
1. Train identified staff and residents in new volunteer and paid opportunities.	James Bland, Deborah Elliott, Volunteer Services Coordinator, and Deborah Mazzarella, Psy.D.	Initial training conducted	October 2007 **ONGOING**	Volunteer Day Fair held. Education and training are ongoing.
2. Residents volunteers.	Deborah Mazzarella, Psy.D. and Deborah Elliott	Residents begin working as escorts	By May 2008 **ONGOING**	Residents as volunteers currently serving as escorts, group co-facilitators and 1:1 supports for their peers.
3. Consumers as WRAP Facilitators.	Deborah Mazzarella, Psy.D.	Consumers trained to be WRAP facilitators	Train two Consumers as facilitators by July 2008	Two CPSS employees completed WRAP facilitator training in October 2008.

			COMPLETE	
4. Residents certified as peer support specialists and peer mediators.	Deborah Mazzarella, Psy.D.	Residents trained as peer support specialists and peer mediators	Initial training conducted October 2007. A second CPSS group occurred in September 2008. **ONGOING**	CPSS training is ongoing. Two full-time, one part-time and two volunteer CPSS's have been added to the ESH staff. All residents in the CPSS training began their practical application of the program in September providing 1:1 support, escort services and group facilitation for their peers. In addition, in September, a concentrated CPSS program was held for current residents and residents who were discharged prior to completing their required hours of training.
5. Increase residents' support networks.	James Bland	50% of residents able to identify 2 in-house and 2 community-based support resources	By July 2008 **ONGOING**	The revised treatment planning format initiated July 2007 addresses enhancement of residents' knowledge of resources both in and out of the hospital by having a specific section dedicated to assessing residents' knowledge of these resources. Based on the last survey results, 84% of residents were able to identify 2 in-house support resources. Survey was be amended in August 2008 to add a question to determine knowledge of community-based support resources.
6. Improve each resident's network of supports (e.g. staff, friends, community resources) to enhance the ability to make and maintain healthy and meaningful relationships.	Jim Bland, Lane Tolj, Deborah Mazzarella, Psy.D. & Leadership Team	Identify supports needed by each individual. Format a plan to assist in individual support building for each individual resident. Add relationship-building skills to training of peer support specialists and resident advocacy committee members.	By January 2009 **ONGOING**	Advocacy and How to Find Local Resources/Supports are part of a 3 hour class the Psychology Department is leading for the CPSS class. Policy revised June 2008 to allow former residents to volunteer at ESH one month post discharge. The PRB members have begun forming their own network of CPSS's across the state of Virginia and are becoming active in trainings and statewide recovery meetings. The Leaders Of Tomorrow (LOT), a CSB consumer advocacy group is planning a "discharge readiness group" to assist our residents in transitioning out of the hospital. One of their main focuses will be self-advocacy and resource networking. One current ESH resident has been selected to participate on their LOT team. Some PRB members are active participants in the Region V Consumer Advocacy group. One ESH resident and PRB member serves as the Treasurer of this committee. Relationship-building skills were added to the CPSS

				curriculum and are reinforced weekly in CPSS group process. The CPSS group process class has both current residents and former residents, and is a well-attended class. It is a two-hour weekly group that the candidates voted to continue attending after the CPSS training was complete.

Goal: (3) **To Improve and Facilitate Recovery Initiatives in the Community**

Plan: To provide for a better transition of residents and increase tenure/success in the community

Objectives	Responsible Person	Process/Measures	Timeline	Progress Update
1. "Focus on Recovery"(FOR) is a group composed of stakeholders within and outside the hospital that serves to identify ways to incorporate the Recovery Model into hospital and community processes. The goal is to increase CSB attendance and participation at FOR meetings.	John Favret, John Dool (HPR-V Project Manager) & Bill Park (HPR-V Executive Committee Chair)	John Favret will ensure that the CSB staff is notified of all FOR meetings via monthly HPR-V Executive Directors meeting, will submit the minutes/agendas, and will identify barriers/challenges to non-attendance at meetings (i.e. teleconference, times, etc.). Increases the number CSB staff in attendance	August 2007 and monthly thereafter **ONGOING**	Notices were sent to CSB Executives soliciting CSB representation. There are currently 3 active CSB members on the FOR committee. With respect to the regional effort to downsize ESH, pending budget language finalization, the CSBs requested a moratorium on closing ESH beds and requested to lease buildings 24 & 26 to be used as an Assisted Living Facility operated by the region and the CSBs.
2. Increase the number of residents with WRAP plans and Behavioral Advance Directives with input from CSB Case Managers.	Deborah Mazzarella, Psy.D.	30 residents have either WRAP© Plans or Behavioral Advanced Directives 50% of these plans have CSB Case Manager signatures	By December 2008 **ONGOING** By July 2010 **ONGOING**	As of February 2009, ESH has assisted 22 residents in creating WRAP plans. All WRAP plans have been sent to the CSBs for their feedback and signature. Every 8 weeks, a new WRAP building class begins with new residents. These WRAP building groups will be ongoing. Currently there are Intro to Wellness Plan groups in ITP, PSR, and Forensics. The Hospital wide staff training on WRAP plans and Advance Directives is ongoing.

				In ITP, a "Recovery Self Assessment" form (attached) is being used prior to each treatment team meeting for improved resident participation. Residents are strongly encouraged to complete the forms. ITP is currently piloting a discharge planning group which will help our lower functioning individuals to do some WRAP type planning, and include a concretized introduction to behavioral advanced directives.
3. Share services with CSB for specialized treatments.	Deborah Mazzarella, Psy.D	100% of CSB's offered training by ESH staff in Dialectical Behavior Therapy (DBT) methods August 2007. Goal is for 70% of CSB's trained in DBT.	By December 2008 **ONGOING**	Completed for Chesapeake, Norfolk CSB, ESH staff, MPNNCSB and Eastern Shore. Case consultation by ESH psychology department available upon request.
4. Employ Regional Medical Director who will facilitate continuity of care during transitions into or out of the hospital setting and who will be expected to further the Recovery initiatives throughout the region.	John Favret, John Dool, HPR-V Council, & DMHMRSAS	ESH to employ Regional Medical Director via collaboration with HPR-V Council and DMHMRSAS	July 2009 **ONGOING**	Collaboration with the region on the Employee Work Profile and the Request to Fill has been completed. Advertising to commence shortly.

Goal: (4) **Improved Staff Workforce Development to incorporate Recovery Paradigm**

Plan: Increase support for Recovery initiative implementation

Objectives	Responsible Person	Process/Measures	Timeline	Progress Update
1. Clarify the role of the Leadership Team in the Recovery initiatives.	John Favret & Leadership Team	Leadership Team will define and prioritize core values and initiatives during quarterly team building retreats	**ONGOING**	Roles clarified and evolving.
2. Residents will be the facilitators of their treatment teams in order to maximize their participation, input, and health care choices.	Guillermo Schrader, M.D. & Hospital Clinical Leadership	10% of residents as team facilitators 30% of residents as team facilitators 50% of residents as team facilitators	By January 2008 By January 2009 By January 2010	Treatment Team staff inquire from each resident their preference /choice for treatment team involvement and document same. The self assessment form is being piloted in ITP. This objective will be revised prior to next update due to the difficulty in being able to measure this goal.
3. Line staff has reported (via morale surveys) that they do not feel valued. ESH believes that Recovery should include the staff. This goal is to reinforce the concepts of empowerment and choice by responding to the morale survey.	John Favret & Leadership Team	Increase the involvement of line staff in Recovery initiatives by 25%. 10% improvement in staff morale survey scores regarding feeling valued	Morale survey to be conducted July 2008 and annually thereafter **ONGOING**	Efforts have been made to include line staff in recovery initiatives (training by S. Ellmore, FOR committee, etc.). Morale Survey reveals consistent staff concerns. These concerns have prompted additional planning efforts by LT and various department heads.
4. Ensure all available staff are trained in Recovery Model principles.	Edie Rogan & John Favret	100% of all available staff trained in Recovery principles	By October 2008 **ONGOING**	As of 1/26/09, training rate is over 93%, facilitated by line supervisors/trainers using distributed lesson plan training materials.

5. Create a focus group (including residents and line staff) to study shift structure (work hours) and how that pertains to programming in order to identify challenges/issues and propose solutions to schedule changes (for when the new facility is built, April 2010) to improve overall resident and staff satisfaction.	John Favret, Deborah Mazzarella, Psy.D., Heather Singleton, & Leadership Team	Focus group formed Focus group report completed and recommendations presented to facility Leadership Team	By August 2008 **COMPLETE** By January 2009 **CLOSED** **ONGOING**	Beginning in September 2008, psychology staff in all programs will be altering their work hours to support the residents' request for evening programming. The PRB continues to provide this information to Program Development and the Hospital Director. Nursing leadership met and determined that their shift structure does not interfere with programming so no changes were made.

Goal: (5) **Increase staff involvement in Recovery initiatives**

Plan: Involve staff in Recovery initiatives

Objectives	Responsible Person	Process/Measures	Timeline	Progress Update
1. Enhance Charge Nurse (RNC) visibility and involvement with residents on the units during evenings and weekends, including attendance at unit community meetings, in order to facilitate communication, expression of ideas, and relationship between residents and RNCs.	Heather Singleton (ACNE), & Barbara Lambert (Healthcare Compliance Manager)	80% of capable residents will be able to identify the RNC assigned their unit.	Performance improvement Project (PIP) initiated by December 2007 and quarterly QIC review thereafter to monitor progress **ONGOING**	The RNC assigned to the units are on the units. The RNC's on the off shifts are making rounds in the units to assess the patient care issues to facilitate communication, and to assess involvement of nursing staff on the unit. Draft of a PIP has been developed. PIP was not initiated in December 2007 due to FMLA, staff illness and absences of key participants. PIP reinitiated February 2009. Due to recent changes in Nursing Leadership, the Director met with RNCs and others on 8/4/08 to develop a plan to assure visibility of RNCs on the wards. RNCs will be expected to make visits on evening, night, and weekend shifts. RNCs will also be expected to meet with residents on a one-to-one basis to address concerns. Resident satisfaction surveys will be used to monitor progress towards goal of 80% being able to identify their RNC. Results of the survey will be reported to the Director semi-annually. The RNCs make visits on the evening, night, and weekend shifts as expected. They also work in the Nursing

				Office as needed at which time they make rounds in each resident building.
2. Increase line staff attendance at FOR meetings.	Heather Singleton	25% increase in line staff attendance at Recovery meetings (From 3 to 5)	**ONGOING**	At the July 21, 2008 FOR meeting 4 DSAs were in attendance which equals a 300% increase in participation. Line staff (1-3) participate on the Program Development Committee.
3. Increase line staff (DSA) participation in treatment team meetings and ensure that resident level changes are determined with line staff and resident input.	Heather Singleton, & Barbara Lambert	15% increase each year over 5 years to meet 90% goal of DSA participation at treatment team meetings Risk Assessment Forms include signatures of both DSA's and residents	PIP initiated by December 2007 and quarterly QIC review to monitor progress By August 2008 **ONGOING**	PIP/Risk Assessment Form update was not initiated in December 2007 due to FMLA, staff illness and absences of key participants. PIP reinitiated February 2009. The DSAs are invited to participate in treatment team meetings. However, if they cannot attend, they communicate pertinent patient information to treatment team members prior to the scheduled treatment team meeting. This process is being monitored by QIC.
4. Create a focus group to evaluate the clinical record in order to: a) train staff to write in first-person language and b) include resident statement of goals in treatment plan.	John Favret, Lead ership Team and Hospital Clinical Leadership	Group created and recommendations implemented Participation in Statewide Recovery Treatment Planning Initiative	Completed July 2007 **ONGOING** July 2007 **ONGOING**	Evaluation of records reveal that the new treatment planning forms did not provide adequate individualized, person-centered treatment plans. A task force was initiated, February 2009 to improve individualized planning and documentation. Director of Social Work and Director of Psychology continue to serve on the sub-committee of the State-wide Recovery Implementation Team for Treatment Planning.
*5. Form a Recovery Initiative Committee using staff and residents who are recovery champions to brain storm creative ideas.	Deborah Mazzarella, Psy.D., and Leadership Team	Committee formed and charter created Recognize exemplary recovery champions both at ESH and CSBs.	June 2009 December 2009	Form committee to follow up on current objectives, exapand ideas, create new initiatives and identify areas where improvement is needed. Create meaninful recognition for excellence in service to our residents and for generating innovative ideas.

*new objective (Feb. 2009)

Goal: (6) **Use the Recovery Model as the Basis of the Level System**

Plan: Increase resident/DSA participation in Level System determination

Objectives	Responsible Person	Process/Measures	Timeline	Progress Update
1. Form focus group (including residents) to identify obstacles to standardizing level system (i.e. Forensic procedures) and to recommend a plan of action.	John Favret, Hospital Clinical Leadership, and Residents	Study completed and recommendations submitted to Hospital Clinical Leadership	By March 2008 thru October 2008 **ONGOING**	The facility has begun to study the privileging system and will develop an ad hoc committee to address the inconsistencies noted in the facility privileging system and will also evaluate the appeals process currently utilized in the Forensic Division for application to the Civil Division. The first committee meeting will be in February 2008. March 2008 Committee recommended a survey to study issue related to standardizing "levels" process. Hospital Director surveyed by interviewing 153 direct care staff across all disciplines and the PRB members with a set questionnaire. Interviews completed in July. Report submitted to HCL and Leadership Team August 5, 2008. Recommendations: 1. Make process more consistent through standardized Program Rules and greater clarity in what each level mean. 2. Assure Treatment Team input from all team members to include DSAs. 3. Add more recovery values/principles to Program Rules. 4. Consequences should be reviewed for consistency and consistent application. 5. More residents need to be surveyed and involved in redevelopment of process.
2. Standardize privileging/level system across campus.	Guillermo Schrader, M.D. (Acting Medical Director), Dick Roberts and Hospital Clinical Leadership	Privileges standardized across all programs.	By June 2008 **ONGOING**	HCL has discovered that it has been difficult to effect a change in his area. Clinical judgment by treatment teams varies widely and determines the rise and fall of levels. PIP initiated in January 2009 to determine trends in "Treatment with Dignity" complaints. Results will be given to HCL in April 2009 and quarterly thereafter.

Goal: (7) **Line Supervisory Staff as Leaders, Champions, and Change Agents**

Plan: Develop management and relationship skills for line supervisors

Objectives	Responsible Person	Process/Measures	Timeline	Progress Update
1. Develop curriculum for supervisor/manager training to increase accountability, responsibility and enthusiasm for Recovery initiatives.	Barbara Lambert & Hospital Clinical Leadership	Curriculum developed	July 2007 **ONGOING**	Supervisor/manager training curriculum developed. Training and updates ongoing.
2. Identify line supervisors who are committed and enthusiastic about participating in Recovery initiatives as well as those who could benefit from greater understanding of the Recovery model.	John Favret & Hospital Clinical Leadership	Voluntary Recovery Model training opportunities created Staff identified for training and program scheduled determined Expanded Leadership Team focus	July 2007 By June 2008 **ONGOING**	Voluntary training opportunities continue to be pursued and offered. Staff identification in train-the-trainer concept continues, June 2008. In August, the Hospital Director began monthly meetings with the Expanded Leadership Team. The lunch meeting focuses on wider implementation of the Recovery model and principles.
3. Train identified staff.	Barbara Lambert	30% of identified staff trained 60% of identified staff trained 100% of identified staff trained	By April 2008 By June 2008 By Aug. 2008 By Oct. 2008 **COMPLETE**	All identified nursing supervisors have been trained.
4. Supervisors will provide training to all Direct Care Staff in Recovery Principles.	Barbara Lambert	Classes led by line supervisors are scheduled and completed	By November 2008 **COMPLETE**	All nursing staff have been trained.

ATTACHMENT: SELF-ASSESSMENT FORM

Name _____ Date of Team Meeting: _____

Recovery Self Assessment
We are interested in learning about how you are doing and your goals for your future. This is a self-evaluation. It will give you a chance to think about how things are, and how you would like them to be. Our job together is to help you succeed in meeting your recovery goals through your rehabilitation (such as in your groups, treatment plans, on the ward, discharge planning, medications).

WHERE I AM RIGHT NOW: Tell us about your life now.

- What do you feel are your needs for recovery right now?

_____

- What are your strengths (things you like about yourself, things you are good at)

_____

- What are you doing to help yourself (coping skills)?

_____

- What gives you hope?

_____

WHERE I WANT TO BE IN THE FUTURE: Tell us about how you see your life when you leave the hospital

- Please give us an idea of where you would like to live.

_____

_____

- What type of housing would you prefer?

_____

_____

- Please give us an idea of how you like to spend your day.

_____

_____

- What makes life worth living for you?

_____

_____

- Who are the special people who you can count on to support you in your recovery?

_____

- What beliefs and strengths will you rely on to help you cope and manage stress in the future?

_____

_____

- What skills, experiences, or supports do you need to help you meet your goals?

_____

GETTING FROM WHERE YOU ARE NOW TO WHERE YOU WANT TO BE:

- How has your work at the hospital been going (such as in your groups, treatment plans, on the ward, discharge planning, medications)? Do you feel that you are included in decisions about your treatment?

_____

- What are your goals for the next three months?

_____

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_____

- Any ideas for change while you are in the hospital (such as in your groups, treatment plans, on the ward, discharge planning, medications)?

_____

_____

- What would you like to do during your free time on the unit? (Time to yourself? Be active? Doing what?)

_____

- Do you feel safe? If not, what makes you feel unsafe and how can we work together to
- make you feel safer?

_____

ARE THERE OTHER WAYS YOU THINK THE TREATMENT TEAM CAN HELP YOU AT THIS TIME?

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